

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-7777.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/03/03.

I. DISPUTE

Whether there should be reimbursement for 99204, 72110-WP, 97032, 99213-MP, and 97012 on dates of service 03/19/03, 03/20/03, 03/24/03, 03/25/03, 03/26/03, 03/27/03, 04/02/03, and 04/03/03.

II. FINDINGS

The respondent denied payment for the services in dispute based on "L-Not Treating Doctor".

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR\$	REFERENCE	RATIONALE:
03/19/03	99204	\$125.00	\$0.00	L	\$106.00	TWCC Rule 126.9	____, DC is not the treating doctor on record with TWCC for this claimant on the dates of service in dispute. A TWCC 53 (Change of Treating Doctor) or a referral from the treating doctor to ____, DC was not submitted in the request for dispute resolution. Reimbursement is not recommended.
03/19/03	72110-WP	\$160.00	\$0.00	L	\$100.00		
03/19/03	97032	\$25.00	\$0.00	L	\$22.00		
03/19/03	99213-MP	\$45.00	\$0.00	L	\$48.00		
03/20/03	99213-MP	\$52.00	\$0.00	L	\$48.00		
03/20/03	97012	\$25.00	\$0.00	L	\$20.00		
03/24/03	99213-MP	\$52.00	\$0.00	L	\$48.00		
03/24/03	97012	\$25.00	\$0.00	L	\$20.00		
03/24/03	97032	\$25.00	\$0.00	L	\$22.00		
03/25/03	99213-MP	\$52.00	\$0.00	L	\$48.00		
03/25/03	97012	\$25.00	\$0.00	L	\$20.00		
03/25/03	97032	\$25.00	\$0.00	L	\$22.00		
03/26/03	99213-MP	\$52.00	\$0.00	L	\$48.00		
03/26/03	97012	\$25.00	\$0.00	L	\$20.00		
03/26/03	97032	\$25.00	\$0.00	L	\$22.00		

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR\$	REFERENCE	RATIONALE:
03/27/03	99213-MP	\$52.00	\$0.00	L	\$48.00		
03/27/03	97012	\$25.00	\$0.00	L	\$20.00		
03/27/03	97032	\$25.00	\$0.00	L	\$22.00		
04/02/03	99213-MP	\$52.00	\$0.00	L	\$48.00	TWCC Rule 126.9	____, DC is not the treating doctor on record with TWCC for this claimant on the dates of service in dispute. A TWCC 53 (Change of Treating Doctor) or a referral from the treating doctor to ____, DC was not submitted in the request for dispute resolution. Reimbursement is not recommended.
04/02/03	97012	\$25.00	\$0.00	L	\$20.00		
04/02/03	97032	\$25.00	\$0.00	L	\$22.00		
04/03/03	99213-MP	\$52.00	\$0.00	L	\$48.00		
04/03/03	97012	\$25.00	\$0.00	L	\$20.00		
04/03/03	97032	\$25.00	\$0.00	L	\$22.00		
Totals		\$1,044.00	\$0.00				The Requestor is not entitled to reimbursement.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 24th day of June 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc